Saskatchewan Cancer Agency

2009/10 Annual Report

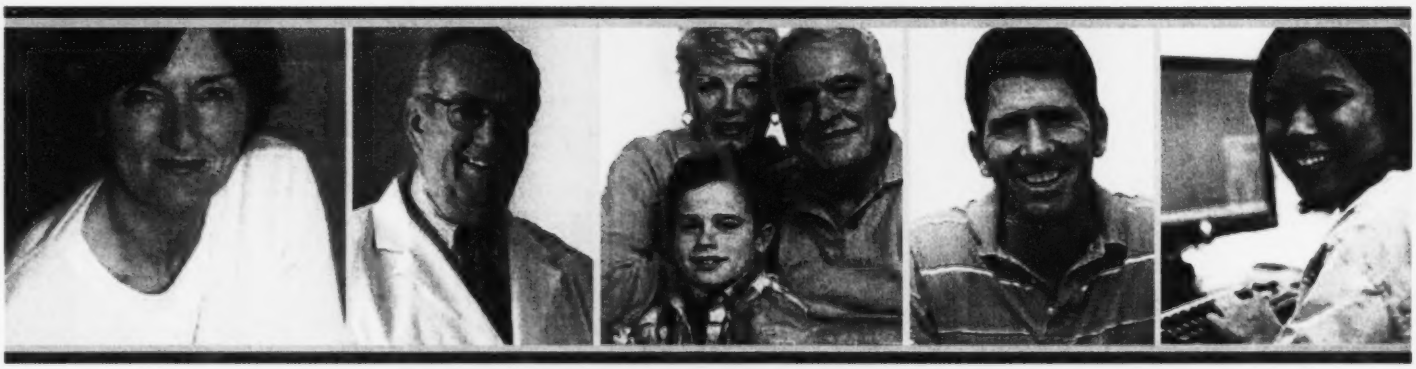


Table of Contents

Letter of Transmittal 1

Who We Are 2

Our Province...Our World 9

2009-10 Performance Results and Acomplishments 10

Financial Summary 14

Future Outlook and Emerging Issues 15

Payee Disclosure List 17

Management Report 22

2009-10 Financial Statements 23

Contact Information 39

Copies of the report are available at www.saskcancer.ca.

Letter of Transmittal

The Honourable Don McMorris
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister McMorris:

I have the honour of submitting the annual report of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2010.

We strive to provide excellence in all aspects of cancer control for the people of Saskatchewan. This includes ensuring access to care, treatment, prevention programs, quality research and early detection programs.

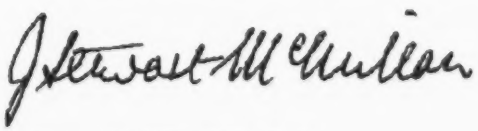
Our hard work was validated by a demanding four-day independent review by a team of surveyors from Accreditation Canada, who provided an assessment on how well the Agency was doing with regard to a variety of established healthcare standards.

The accreditation surveyors praised our Prevention Program for Cervical Cancer as being a leading practice in Canada, as Saskatchewan is the only province to have a true population-based screening program. The surveyors also noted that we have a strong patient focus in our direct care and clinical work.

As with any healthcare organization we also have challenges such as space accommodation issues, working toward an integrated electronic chart, and communication with partners and staff. Staff worked diligently to address high priority areas and ensure that we remain focused on quality in every aspect of the organization.

In late fall we received a three-year accreditation status with a request for a report on certain specific items. We were pleased with the outcome of this review. By staying current with Accreditation Canada standards we will be even more prepared for our next accreditation in 2012.

Respectfully submitted,



J. Stewart McMillan M.B., Ch.B
Chairperson

Who We Are

The Saskatchewan Cancer Agency is guided by the mandate set out in *The Cancer Agency Act* and is committed to the provision of quality care and cancer control for the province of Saskatchewan. Many of the administrative and financial accountability requirements that regulate regional health authorities are also applied to the Agency through *The Regional Health Services Act*.

Mission

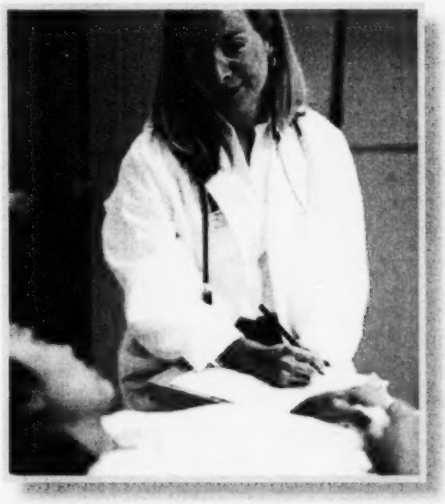
- To provide leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment and research

Vision

- A healthy population free from cancer

Values

- Caring and Respect
- Ethics and Accountability
- Quality and Innovation
- Collegiality and Teamwork
- Continuous Learning and Improvement



The Saskatchewan Cancer Agency is dedicated to providing leadership in cancer control with honesty, caring and excellence to the 1,036,284 people in Saskatchewan as of June 30, 2009 [1].

The Saskatchewan Cancer Agency provides leadership in cancer control by:

- delivering quality cancer treatment for men, women and children
- operating prevention and early detection programs
- conducting innovative research

Caring for Patients: Treatment and Support

Through the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre, patients have a team of experienced, skilled and dedicated health professionals helping them understand their diagnosis and make choices on treatment and care.

Each cancer centre offers:

- psychosocial workers to help patients and families cope with the physical, financial and emotional impact of dealing with cancer
- a referral centre, operated by registered nurses and clinic assistants, that processes new referrals and books patients for assessment
- chemotherapy and radiation therapy

The Blood and Marrow Transplant Program is located in Saskatoon, providing assessment and treatment for patients with aggressive or advanced blood and circulatory system cancers.

The Agency recognizes the importance that family and community play in a patient's treatment and recovery. The Community Oncology Program of Saskatchewan (COPS) works in partnership with the health regions to provide specific types of chemotherapy treatments in certified regional hospitals. COPS provides cancer patients with care, treatment and support in or closer to their home communities. There are 16 COPS centres located in regional hospitals throughout Saskatchewan (Estevan, Humboldt, Kindersley, Lloydminster, Meadow Lake, Melfort, Melville, Moose Jaw, Moosomin, Nipawin, North Battleford, Prince Albert, Swift Current, Tisdale, Weyburn, and Yorkton).

1. Ministry of Health Covered Population 2009, http://population.health.gov.sk.ca/

QUICK FACTS

- **The Saskatchewan Cancer Agency provided 5,285 new patient appointments in 2009-10.**
- **Agency oncologists see approximately 23,672 review and follow-up appointments annually.**
- **The Agency provided 32 autologous (patients receive their own stem cells and do not require a donor) transplants.**
- **The Agency provided approximately 44,000 radiation therapy fractions (a total radiation dose/treatment is divided into multiple fractions).**
- **Through COPS the Agency supported the delivery of 7,982 chemotherapy treatments for patients closer to home.**
- **51,908 prescriptions were filled and 43,986 chemotherapy IV doses were administered by the Agency.**

While it is not possible for all patients to have their treatments in their home town, it is important for those who must travel to have a place that is affordable and comfortable to stay when they are in Regina or Saskatoon for appointments. The Agency offers a home away from home for patients and their companions at the Regina and Saskatoon cancer patient lodges. Accommodations, meals and snacks are included in a low daily fee.

The Agency wants patients to have the best care and support available. We also want them to feel comfortable in sharing their concerns about their care with us. The Agency's Quality of Care Coordinator (QCC) is available to assist patients when they are unable to resolve an issue with their healthcare team. The QCC will:

- listen to their concerns
- talk to staff on their behalf
- assist in efforts to resolve their concerns
- make recommendations for improvements

All conversations with the QCC are confidential and the quality of a patient's care will not be adversely affected if they raise a concern.

Saving Lives: Early Detection

The health of Saskatchewan people is a priority for the Cancer Agency. Early detection through screening programs is vital to controlling cancer. Not only does cancer screening save lives by detecting breast, cervical and colorectal cancers early, it also is the first step in preventing many cases of colorectal and cervical cancers from ever developing.

Smaller stage cancers, found as a result of regular screening, means less invasive treatment and an improved life expectancy. Early detection could also substantially reduce the millions of dollars spent on invasive cancer treatment each year.

The Agency encourages screening and early detection of cancers through a variety of programs:

- The Screening Program for Breast Cancer provides screening mammograms to women 50-69 years of age. The program operates two permanent centres (Regina and Saskatoon); five satellite centres (Moose Jaw, Yorkton, Swift Current, Prince Albert, North Battleford) and a mobile bus that services rural Saskatchewan.
- The Prevention Program for Cervical Cancer encourages women between 18 and 69 years of age to have regular Pap tests from their healthcare providers.
- The Screening Program for Colorectal Cancer is a new program for the early detection of colorectal cancer. In the first phase, men and women between 50 and 74 years of age in the Five Hills Health Region are being invited to participate.

Each of these programs stresses the importance of regular and routine screening as a way of early detection.

QUICK FACTS

- **80,000 Pap tests are performed each year under the Prevention Program for Cervical Cancer.**
- **Accreditation Canada recognized the Prevention Program for Cervical Cancer as a nation leader in screening.**
- **37,269 screening mammograms were read by the Screening Program for Breast Cancer.**

Screening Centre	Number of Screens 2009
Mobile bus (two-year schedule visits 46 communities)	9,514
Regina Screening Centre	9,718
Saskatoon Screening Centre and Saskatoon City Hospital	7,853
Satellite Centres (Prince Albert, Yorkton, North Battleford, Swift Current, Moose Jaw)	9,653

Live Well: Prevention

Cancer prevention often starts with healthy living. In fact, research shows that at least 50 per cent of cancers can be prevented through a healthier lifestyle such as eating healthy foods, keeping a healthy body weight, staying physically active, practicing sun safety, and avoiding the use of tobacco. Everyone has a role to play in their own health, and the Cancer Agency is committed to supporting the efforts of Saskatchewan people to prevent cancer and live a healthy fulfilling life.

The Agency looks for opportunities to work with other organizations to bring awareness to cancer prevention and help people live well cancer free.

"Prevention offers the most cost-effective long-term strategy for the control of cancer."

—World Health Organization

A Cure for Tomorrow: Cancer Research

Finding a cure for cancer is an ambitious goal, and one we all hope is attainable in the future. However, a more short-term objective for researchers is that cancers that may be fatal today become ones in which the survival rate increases significantly. Statistics indicate that more people today are living longer with cancer.

Cancer research is an important aspect of the Agency. Our scientists and researchers conduct and participate in world-class research including:

- biomedical research to understand how cancer develops and how to treat it
- clinical trials to test new and emerging treatments
- epidemiology research with the intent to minimize the impact of cancer, enhance wellness, and reduce morbidity and mortality from cancer through increased understanding of cancer causes, prevention and control

The Agency works together with the University of Saskatchewan in a variety of research areas, and also has a unique opportunity to conduct additional studies with the Canadian Light Source (synchrotron) being located close to the Agency's Saskatoon facility.

QUICK FACTS

From 1990-2010:

- **received >$22 million in peer-reviewed research grant funds**
- **published over 400 peer-reviewed publications**
- **made over 300 presentations at national and international meetings**
- **graduated 23 M.Sc. and 11 Ph.D. students**

Strategic Direction for Healthcare: Patient First Review and Four Pillars

In October 2009 the independent Patient First Review of Saskatchewan's health system concluded. Commissioner Tony Dagnone made 16 recommendations that focused on improving the patient experience and care.

In response to the recommendations, the Cancer Agency will be working with our regional partners toward improving the continuum of care for patients, building relationships with First Nations and Métis groups to assist in delivering the care they need and want, and engaging patients to get a better sense of where we can improve our services and care.

Following the strategic direction of the Ministry, the Agency is finding ways to improve the health of Saskatchewan people in four key areas:

Strategic Focus: Health of the individual

- Annually asking patients to complete a patient satisfaction survey as a way to gauge our performance against other cancer care organizations in Canada and look at areas where our patient needs are not being met.
- Looking at ways to improve access to care concerns.
- Ensuring we are communicating with patients and staff about matters of personal safety and infection control.

Strategic Focus: Health of the population

- The Agency operates three early cancer detection programs; however, the best way to improve the health of people and communities is to ensure they are aware that many of the factors that lead to other chronic illnesses such as diabetes can also lead to cancer and that prevention through a healthier lifestyle is needed.
- The Prevention Department is working with other groups, organizations and individuals to promote healthy lifestyle choices. The Saskatchewan Skin Cancer Prevention Coalition was created in 2009, and is creating awareness of the risk for skin cancer from ultraviolet radiation exposure and encouraging others to increase skin cancer prevention efforts with a focus on children and youth.

Strategic Focus: Providers

- Using best practices when it comes to quality of care and infection control, we are reviewing our standard operating procedures and building a just culture where staff report unusual occurrences
- A quality, safety and risk program framework will be developed that will better protect both staff and patients.
- During the year, the Agency filled several vacant positions in oncology services as well as the area of safety.
- Recruitment and retention strategies as part of a workforce plan are being developed and implemented.

Strategic Focus: Sustainability

- The Agency is working on several Lean and Lean Six Sigma initiatives to streamline processes and better use resources. Ultimately Lean will improve the patient experience.
- A new one-year strategic directions plan was developed for 2010-11. This plan has clear measurements and achievable outcomes.
- The Agency Board held a public general meeting to share our accomplishments and direction. This meeting was the first step forward in more accountability to the public and all Agency stakeholders.
- Plans are being developed regarding our capital and infrastructure needs both in the short-term as well as long-term.
- Working together with the regions, we are looking at opportunities to share services or purchase equipment and supplies together. This will potentially reduce costs and provide a more streamlined use of resources.

Listening to Our Patients and Partners

The Agency has a lay advisory group in both Regina and Saskatoon. The members include cancer patients and family representatives from around the province who are committed to making the cancer experience more comfortable.

The Lay Advisory Committee provides the Agency with the patient's perspective by:

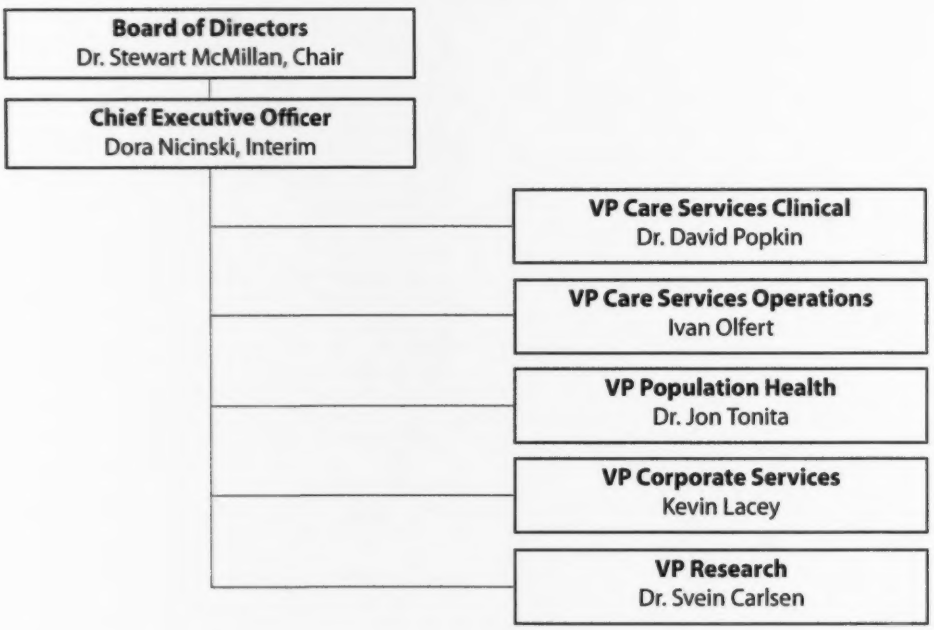
- providing a way for patients to make suggestions
- using public feedback to recommend areas for improvement
- sharing comments from patients and their families with the Agency staff

Our patients are able to share their experiences and provide the Agency with feedback on areas where we need to improve through the Quality of Care Coordinator. Patients are also invited to share their cancer experience with Board members at the beginning of each Board meeting.

Through participation on several committees of the Canadian Partnership Against Cancer and the Canadian Association of Provincial Cancer Agencies, the Agency is sharing information, expertise and best practices across the country to:

- support cancer patients and their families
- improve and advance cancer control
- help reduce the burden of cancer on people
- promote safe and accessible care
- improve access to statistics on cancer care and evidence-based drug treatments
- advance chronic disease prevention research, awareness and practices
- drive action in all aspects of cancer control

Organizational Structure as of March 31, 2010



Governance and Transparency

Board Structure

The Agency is funded by the provincial government and is directed by a Board of Directors appointed by the Lieutenant Governor in Council. The Board is responsible for the strategic planning of the Agency.

Saskatchewan Cancer Agency Board of Directors as of March 31, 2010:

Dr. Stewart McMillan
Chair

Ron Waschuk
Vice Chair

Doug Finnie

Gordon Joyce

Laura Kennedy

Vaughn Solomon-
Schofield

Dr. Walter Streelasky

The Board has three sub-committees that meet regularly to discuss the strategies of the Agency.

Board Committees

Governance and Human Resources:

- Ron Waschuk, Chair
- Dr. Walter Streelasky
- Doug Finnie
- CEO (Agency liaison)

Quality, Safety and Risk:

- Doug Finnie, Chair
- Vaughn Solomon-Schofield
- Dr. Walter Streelasky
- CEO (Agency liaison)

Audit Committee:

- Laura Kennedy, Chair
- Gordon Joyce
- CFO (Agency liaison)
- Dr. Stewart McMillan, ex-officio on all committees

Role of the Board

- Select the chief executive officer and review his or her performance
- Determine the organization's mission and purpose
- Ensure effective organizational strategic planning
- Enable the Agency to achieve its purpose
- Protect the public's interest

Board Accomplishments

After 10 years at the helm, Bob Allen, CEO, left the Agency in September 2009. This meant that the board needed to recruit a new CEO to lead the Agency. After an eight-month search, Scott Livingstone was hired and started his role as the CEO in April of 2010.

This year, recognizing the transitions the Agency was experiencing with a change in CEO as well as several other key positions, the Board chose to only develop and adopt a one-year strategic plan that addresses patient access, recruitment and retention of professionals, and completes actions and recommendations from previous reviews and special studies.

All Board policies have been reviewed and updated, which will bring more accountability and structure to the group.

The Board reviewed and established a process of evaluation for its own performance and for all standing committees.

The Board adopted and implemented a general work plan and has also developed one for each standing committee.

Working together with the Agency staff and interim CEO, all of the recommendations from the Accreditation Canada survey have been addressed and the Agency has achieved a three-year accreditation status.

Starting this year, patients were invited to share their cancer experience at Board meetings as a way for members to better understand the journey of cancer care in the province and in our facilities.

The Board's work plan and the Agency's strategic plan address aspects of the recommendations coming out of the Patient First Review commissioned by the province. A component of the Patient First Review dealt with administrative processes and the need for increased accountability. The Board took these comments to heart and now governs with a membership of seven instead of 12 and the frequency of meetings has been reduced, with eight planned for this year and further reductions considered for the future. These changes will help maintain fiscal responsibility while still ensuring that the Board is able to fulfill its role.

The population of Saskatchewan continues to increase due to immigration strategies and a strong economy that offers jobs, investment opportunities and a general quality of life that is appealing to people within Canada. In addition, the percentage of individuals who identify themselves as Aboriginal is on the rise.

Except for First Nations, Saskatchewan's population continues to age which means that additional healthcare services and strategies need to be considered. A link between age and cancer is not new and while it is possible to get cancer at any age, the greatest toll of cancers such as lung, breast, prostate and colorectal cancer takes place in people as they grow older.

Statistics show the survival rate for cancer continues to improve and that more people in Saskatchewan are now living longer with cancer. While this is a positive outcome, it means a greater demand for cancer services and treatments. The potential also exists for recurrent cancers and the need for ongoing healthcare services required for cancer survivors.

	Male	Female
Estimated new cancer cases in Saskatchewan, 2009	2,700	2,300
Estimated cancer deaths in Saskatchewan, 2009	1,350	1,100

Key Determinants of Health

Over the last several decades we've learned a lot about what determines health. At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and health practices of individuals. These factors are referred to as determinants of health. The combined influence of the determinants of health determines health status.

The challenge we face is how to use what we know about the determinants of health to create effective programs that will improve the health of Saskatchewan people. Health expenditures per capita have increased over time; however, this trend is not likely sustainable for the future. This means that the Agency, like all healthcare organizations, needs to look at ways to deliver services more efficiently while improving the quality of care. Cancer prevention may be the solution.

Approximately 50 per cent or more of all common cancers are preventable through a healthier lifestyle. In addition to saving lives, not just from cancer but other chronic diseases, prevention would reduce the overall financial burden on the entire healthcare system through reduced surgeries, inpatient stays in hospitals and costly invasive treatments. The other benefit to prevention is the better overall quality of life people will have.

What could be a more transformative change for the healthcare system and the patient than not having a chronic disease to care for?

QUICK FACT

Key Determinants

- **Income and Social Status**
- **Social Support Networks**
- **Education and Literacy**
- **Employment/Working Conditions**
- **Social Environments**
- **Physical Environments**
- **Personal Health Practices and Coping Skills**
- **Healthy Child Development**
- **Biology and Genetic Endowment**
- **Health Services**
- **Gender**
- **Culture**

Public Health Agency of Canada

The strategic framework and plan for the Agency provided the overall direction and focus for the year. However, in healthcare things often change to meet the demand. This year was no different.

Quality, Safety and Risk

H1N1 Influenza Pandemic

In 2009, the H1N1 pandemic became a major focus for the Cancer Agency as it did for all healthcare systems worldwide. After early outbreaks in North America in April 2009, the new influenza virus spread rapidly around the world. By the time the World Health Organization (WHO) declared a pandemic in June 2009, a total of 74 countries and territories had reported laboratory confirmed infections. Unlike typical seasonal flu patterns, the new virus caused high levels of summer infections in the northern hemisphere, and then even higher levels of activity during cooler months in this part of the world.

The new virus also led to patterns of death and illness not normally seen in influenza infections. Most of the deaths caused by the pandemic influenza occurred among younger people, including those who were otherwise healthy. Pregnant women, younger children and people of any age with certain chronic lung or other medical conditions appeared to be at higher risk of more complicated or severe illness. Many of the severe cases were due to viral pneumonia, which is harder to treat than bacterial pneumonias usually associated with seasonal influenza. Many of these patients required intensive care. (Source: WHO website)

In September of 2009 the Agency established its pandemic influenza plan based on the principle of providing quality care to our patients and clients while ensuring their safety and that of staff. The plan:

- served as a guideline for how we ensure business operations continue during a pandemic
- aligned with the provincial plan
- included detail processes

The goals of the Agency's pandemic influenza plan attempted to coordinate the efforts of staff to effectively:

- minimize serious illness and death due to an influenza pandemic
- minimize disruption of services particularly with regard to cancer care treatments
- communicate plans and processes as needed to all stakeholders

The objectives included:

- a collaborative process with applicable stakeholders federally, provincially and regionally
- an effective influenza pandemic framework which contained the essentials of operative plans, but was flexible enough so that it could be adjusted to the relevant situation at any time
- public and staff confidence that the Agency was prepared to respond effectively to an influenza pandemic
- a plan that ensured infection control and prevention processes that inform preparation and action
- developing and implementing recovery strategies

With the assistance and direction of the Ministry of Health the Agency secured medical supplies and stockpiled N-95 respirators, personal protective equipment and hand sanitizers. As the pandemic progressed and the vaccine became available, the Agency began administering vaccines to patients following the province's guidelines and timetable.

Despite the challenges the pandemic presented, the Agency and the entire healthcare system in Saskatchewan responded in an organized and efficient way to protect the people of the province. Infection prevention and control measures and frequent information to the public helped to check the spread of the illness.

QUICK FACTS

- **422 or 67 per cent of staff were immunized**
- **285 patients received the vaccine from Agency nurses in our facilities**

Workers Compensation and Sick Leave

Absenteeism among healthcare workers is a concern for employers and for patients, and it is costly to an organization and can result in decreased standards of care. Due to the nature of our work with patients, replacement staff are generally required if someone is absent.

Although our first priority is putting the patient first and providing the very best healthcare possible, it is equally important that staff health and safety be a focus of the Agency.

The Agency has typically had fairly low absenteeism; however, we are still looking at strategies that will even further reduce the costs associated with sick time as well as work-related injuries.

Measures	2009-10	Target
Number of sick leave hours per full-time equivalent (FTE)[1]	60.72	55.67
Number of wage-driven premium hours (overtime and other premiums) per FTE[2]	16.98	18.73
Number of lost-time WCB claims per 100 FTEs[3]	0.6	<1.0
Number of lost-time WCB days per 100 FTEs[4]	1.66	1.96

1. 2009/10 target is 5% less than the average SCA actual figures between 07/09 & 08/09. In comparison, the provincial health care system's annual sick time for 2008/09 was 84.09 hrs.
2. Includes SGEU employees only and overtime only. 2008/09 target is 5% less than the average SCA actual figures between 07/08 & 08/09. The provincial health care system's annual amount for 08/09 was 52.20 hrs.
3. Calculated manually using monthly statements from WCB. 2009/10 target is based on the low SCA total figures for 07/08 & 08/09. The provincial health care system's annual amount for 08/09 was 6.93 claims per 100 FTEs.
4. Calculated manually using monthly statements from WCB. 2009/10 target is based on SCA actual figures for 08/09. The provincial health care system's annual amount for 08/09 was 447.17 WCB days per 100 FTEs.

During 2009 we established a Quality of Worklife Committee that will be developing strategies and programs aimed at achieving a quality workplace that represents the needs and concerns of all employees. One of the first initiatives of the Committee will be to develop a stress and fatigue management strategy for the Agency.

Treatment and Support

The Agency continued to deliver cancer care, treatment and support. In the last quarter of the year the Agency began measuring access to care for patients in a more meaningful way. The table below reflects the fourth quarter measurements.

January 1 to March 31, 2010	Number of Patients Seen	Per cent of Patients Seen within 28 Days	Per cent of Patients Seen after 28 Days
Allan Blair Cancer Centre Medical Oncology	280	55%	45%
Saskatoon Cancer Centre Medical Oncology	225	43%	57%
Allan Blair Cancer Centre Radiation Oncology	248	90%	10%
Saskatoon Cancer Centre Radiation Oncology	282	68%	32%

At various times throughout the year the Agency had vacancies in both radiation and medical oncology that had an impact on wait times. Recognizing this issue needed to be resolved, we have undertaken the following initiatives:

- We are working to ensure that family and community physicians understand follow-up care instructions to discharge patients back into their care. This partnership ensures that patients who have completed treatment will receive the continued care they need close to home and with expert assistance, while creating time for oncologists to see more patients waiting for their first appointment.
- Oncologists have increased the number of hours of clinics they are holding, which will continue until there is a significant reduction in patient wait times.
- Clinical associates and locum medical oncologists are seeing review and follow-up patients so that medical oncologists can see more new patients.
- Medical leaders have reduced their scheduled administrative time in order to see more patients.
- To provide more time for medical oncologists to see additional patients, radiation oncologists are prescribing supportive treatment for specific types of advanced cancer and hematologists are taking care of patients that, until recently, were followed by medical oncologists also trained in hematology.

- A provincial referral system between Regina and Saskatoon was implemented to help balance out wait times between the two cancer centres.
- Our recruiting efforts have resulted in the hiring of several medical oncologists and medical oncologist locums, and a hematologist and hematologist locums.

Drug Coverage

With the assistance of the Ministry of Health, the Agency implemented the following new drug program initiatives:

- Taxotere/Cyclophosphamide (TC) and Taxotere/ Carbooplatin/Herceptin (TCH) regimens for adjuvant Her2 positive breast cancer
- Zoledronic acid for hormone-refractory metastitic prostate cancer
- Thyrogen at the Allan Blair Cancer Centre for ablation following thyroid cancer diagnosis
- Aprepitant for refractory nausea from highly emetogenic chemotherapy
- Lenalidomide for refractory multiple myeloma and for management of transfusion dependent anemia in patients with International Prognostic Scoring System (IPSS) low or intermediate-1 risk category myleodysplastic syndrome (MDS) associated with deletion [5q] cytogenetic abnormality
- Temsirolumus for poor prognosis metastatic renal cell carcinoma
- Rituximab in combination with Fludarabine and Cyclophosphamide for chronic lymphocytic leukemia (or small lymphocytic lymphoma)
- Cetixumab and Panitumumab for third-line treatment of patients with Kras wild-type metastatic colorectal cancer

Early Detection: Screening Programs

Screening Program for Colorectal Cancer

On January 20, 2009, the Agency announced that it was moving forward with the Screening Program for Colorectal Cancer in the Five Hills Health Region. The Ministry of Health allocated approximately $1.1 million for the planning and implementation of the program's first phase, which was launched in September 2009.

This program is an important initiative for Saskatchewan as colorectal cancer is the second most commonly diagnosed cancer and the second leading cause of cancer death in both men and women. In 2007, there were 733 new colorectal cancer cases and 249 people died from the disease.

Screening Program for Colorectal Cancer		
Number of invitations sent in 2009	**2500**	**Percentage**
Number of responses	1206	48.2%
FIT tests completed	1011	40.4%
Number of ineligible people (medical history, symptoms)	195	7.8%
Number opted out	28	1.1%

The Agency was one of the first provinces to use an advanced fecal immunochemical test (FIT) to screen participants. This simple test will be mailed to participants to complete in the privacy of their home. The FIT can detect blood in the stool that is not visible to the naked eye.

Screening Program for Breast Cancer

On October 23, 2009 the Minister of Health helped the Agency open its relocated screening office in Saskatoon. The new office houses some of the most advanced technology available in screening mammograms.

The new equipment includes digital mammography that will provide the highest accuracy for women receiving screening. This technology means:

- Images produced are of a much higher quality, especially in dense breast tissue, allowing the radiologists to more easily see abnormalities. Radiologists can also magnify

QUICK FACTS

- **The Client Navigator Program reduced wait times between abnormal mammogram and follow-up diagnostics from 29 to 13 days.**
- **The cost of a screening mammogram is $70, compared to $184 for screening through diagnostic services.**
- **75 per cent of breast cancers diagnosed through the Screening Program are early stage, resulting in better outcomes and lower mortality rates and reducing the burden of cost of more invasive procedures and treatments.**

images for better viewing of questionable areas in the breast.

- More clients can be seen. Our capacity to provide mammograms increases from 20 per cent to 25 per cent.

Digital mammography is quickly becoming the standard of care for breast imaging. The cost of the digital equipment, including the workstation and renovations, was $597,000.

Prevention Program for Cervical Cancer

Working together with the Regina Qu'Appelle Health Region, the Prevention Program for Cervical Cancer hosted a Pap test clinic in October at the Sexual Health Clinic in Regina. This provided an opportunity for women to have a free Pap test performed by a female nurse and to learn more about Human Papillomavirus (HPV), which is a virus that can lead to cervical cancer.

Research: Making a Difference for Tomorrow

Research plays an important role in cancer care, treatment and, hopefully, one day a cure. The Agency has some of the most talented researchers who are looking at a variety of areas of cancer.

In early 2010, one of the Agency's researchers and her team made a significant discovery that brings us one step closer to understanding the underlying causes of cancer and diabetes. By discovering the link between the on and off switches that control cell growth and insulin responses in the body, we are able to improve our ability to use anti-cancer therapies to target these switches more effectively.

Funding for this research originally came from the Canadian Institutes of Health Research (CIHR) Regional Partnership Program - Saskatchewan (RPP-SK), with matching funding from the Saskatchewan Health Research Foundation (SHRF). The work is currently supported by a five-year $648,000 operating grant from the CIHR.

Moving Forward: Strategic Directions for the Future

For the next fiscal year the Agency has a new one-year strategic plan with concrete measures that will guide our work and direction. The plan aligns with the Health System's four pillars and with the recommendations of the Patient First Review.

Financial Summary

In 2009-10, the Saskatchewan Cancer Agency incurred a $595,996 operating deficit due to $103.5 million in expenses exceeding $102.9 million in revenues. The deficit represents 0.6% of total operating expenses. The operating fund balance as at March 31, 2010 represents 8.5 days of working capital and a good financial position.

Revenues were $2 million under budget primarily due to not recognizing as much deferred revenue as expected that related to funding the cost of drugs and implementing the new Screening Program for Colorectal Cancer. As the Screening Program for Colorectal Cancer did not begin until September 2009, the program did not require access to as much funding as originally budgeted. Similarly, since drug costs were under budget, less recognition of deferred revenue was required to fund these costs.

Drug costs were the primary reason total operating expenses were under budget by $1.4 million. Several variables have an impact on the cost of drugs, including the timing of new drug programs, the number of oncologists prescribing the drugs, and the variable types of cancer cases seen and treatment options delivered. In 2009-10, the Agency approved the implementation of a couple of new drug programs that had not yet reached full implementation before year-end, thereby contributing to drug costs being under budget.

The Agency also had four medical oncologist vacancies for part of the year, and a director of stem cell transplant vacancy which contributed to drug costs being under budget, but also resulted in added pressure on salary costs due to measures taken to reduce the impact of those vacancies on patient care. Additional costs were incurred by using locums and implementing other wait time reduction strategies that involved financial incentives for oncologists to see more patients above regular workload benchmarks. Other staff vacancies were offset by the use of additional casual staff and overtime for supporting treatment services and by transition costs related to changes in leadership during the year.

The revenues in the Capital Fund are $4.1 million over budget primarily due to receiving $3.5 million in March 2010 for the purchase of a replacement linear accelerator at the Saskatoon Cancer Centre in 2010-11. The Agency's operations are heavily dependent on equipment and technology. It is important that this equipment remain current and be replaced at the end of its expected useful life to avoid the risk of equipment failure and technological obsolescence. Service contracts and in-house staff are used to maintain the equipment and maximize its useful life. Contingency plans have also been developed in the event of a prolonged breakdown of equipment.

Advances in treatment and technology continue to emerge, which creates pressure to acquire new equipment technology on a timely basis. We monitor our equipment needs, allocate capital funding to high-priority areas and communicate additional funding requirements to the Ministry of Health through the annual planning process. The Agency submitted a 10-year list of capital requirements to the Ministry of Health in 2009-10 that will be updated annually to further outline our key capital needs over that time period. Using funding from the Ministry of Health, two CT simulators were replaced at the Allan Blair Cancer Centre and the Saskatoon Cancer Centre in 2009-10.

The need for additional space to accommodate increasing workloads and expanding programs and services is an urgent priority. The need is most acute at the Saskatoon Cancer Centre, but is also a pressure at the Allan Blair Cancer Centre. We have engaged a consultant and submitted a long-term facility development plan to the Ministry of Health for both centres for addressing our facility needs until 2021. In the meantime, we have pursued alternatives to address the facility space pressure including small renovation projects and renting additional off-site building space. We will continue to prioritize the various needs and demands on space, as well as look at ways to maximize the utility of the space we currently occupy.

Future Outlook and Emerging Issues

As the Agency continues providing cancer control for the people of Saskatchewan, there are challenges and a variety of factors that influence our work and priorities.

Access to Care

We have an expanding and aging population which often contributes to higher rates of chronic diseases that will affect the demand and need for the Agency's services.

Improved treatments and early detection will continue to increase the number of people living with cancer. This will mean the Agency will be treating the same individual with multiple forms of cancer and also other support resources that will be needed.

Patient wait times are an ongoing challenge that the Agency faces and is working to reduce. However, recruiting and retaining oncologists can be difficult as all cancer care facilities in Canada are also vying to fill their positions, which are increasing in number.

Access to care also encompasses the transition of patients to/from regional care. When multiple regions are involved in a patient's treatment, coordination and communication are important to ensure seamless care

Holistic programs and care:

Saskatchewan is a multicultural province and the care provided needs to meet patient needs and be culturally sensitive where appropriate.

Appropriate end-of-life strategies need to be considered as part of a patient's care. Historically, healthcare systems do not do a good job of assisting people at the end of their life, but rather focus on wellness strategies. With a growing and aging population, all aspects of healthcare from birth to death need to be part of the continuum of care.

Technology

It was clear from the Patient First Review that Saskatchewan needs a comprehensive electronic health record system. This would enable patients and physicians to have access to health records in a timely way. The safety of patients would also increase as too often information is not available between sites or regions, but an electronic health record could provide a solution.

Infrastructure

The Cancer Agency, like many healthcare facilities, is seeing more patients come through its doors each year. However, space requirements at both the Allan Blair and the Saskatoon Cancer Centre have exceeded the facility capacity. In the future we foresee the need to care for more patients; therefore, the current needs for physical resources will only increase.

With repeated use, equipment necessary in delivering treatment begins to wear down. To ensure safe workplaces for patients and staff, long-term capital financing plans need to be in place that include alternative funding methods, such as fundraising.

Sustainability

Saskatchewan has continued to invest more funds each year into healthcare, but the reality of the situation is that large increases are not sustainable given the multitude of competing priorities. In the coming years it will be a challenge for the Agency and government to balance fiscal restraint with the need to protect important services.

Ethics

An ethics framework for the Agency is needed to assist with decision making. During the planning for the H1N1 influenza pandemic, it became clear that the Agency might need to make ethical decisions about who would receive care if there were limited resources available.

Future Outlook and Emerging Issues

Opportunities

Within healthcare there is also an opportunity for improvements and a new focus that is centred on the patient.

Redefining the model of care we use to deliver services

Currently, the healthcare system revolves around the individuals who deliver care and not the patients. However, patients need to share in the decision making for their care. A more collaborative approach throughout the healthcare system would benefit patients and meet their needs while still allowing providers to do their work in as safe and supportive environment.

Prevention and early detection

An opportunity exists to reduce the overall burden of cancer on patients and on budgets through prevention. A chronic disease prevention strategy that engages First Nations communities, government partners, education facilities and other interested organizations could have a positive impact on the way the Agency uses resources and how Saskatchewan people care for their own health.

Continued participation in screening programs increases the number of cancers diagnosed in early stages. This is beneficial to the patient in terms of treatment and outcomes. Expansion of the Screening Program for Colorectal Cancer will also assist in early diagnosis of cancer. Colorectal cancer is the second most diagnosed cancer in both men and women in the province.

Lean

Lean is a quality improvement methodology focused on improving the patient's experience by maximizing the benefits a patient receives while reducing the time spent in the system. For example, employees spend more time directly helping patients and less time looking for supplies, completing paperwork and managing wait lists.

"As far as Edward Bear knew, it was the only way of coming downstairs, although he sometimes felt there was another way, if only he could stop bumping for a moment and think about it."
- AA Milne

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2010

Personal Services

Listed are individuals who received payments for salaries,wages, honorariums, etc., which total $50,000 or more.

Abbs, Jenelle	$ 78,222	Brose, Kelsey	278,174
Afzal, Samina	132,034	Brown, Shardelle	66,137
Ahmad, Nazir	161,867	Browne, Kara	50,409
Ahmad, Imran	279,267	Bruse, Lydia	70,096
Ahmed, Shahid	414,401	Brydon, Lizabeth	76,989
Ali, S Kaiser	423,244	Budz, Denise	109,356
Allen, Joanne	76,656	Bulych, Deborah	101,979
Allen, Robert	465,758	Bunko, Ada	77,776
Alvi, Riaz	89,906	Cadman, Patrick	138,946
Amjad, Asim	377,319	Cafferata, Theresa	53,366
Anderson, Deborah	111,592	Campbell, Lorna	76,688
Andreas, J. Joe	80,109	Carlsen, Svein	142,890
Arnold, Florence	391,121	Carmichael, Karen	60,573
Arscott, Michele	106,208	Carmichael, Linda	85,229
Ash, Sheila	56,215	Carriere, Jocelyne	60,282
Aspen, Rebecca	88,795	Chalchal, Haji	406,795
Austin, Amanda	50,664	Cherwaty, Gail	88,276
Baisley, Julie-Ann	71,183	Choquette, Heather	76,716
Baker, Tracy	75,298	Chow, Leissa	76,129
Barnardo, Christopher	66,530	Christenson, Kendra	57,098
Barss, Richard	82,123	Cocarell, John	63,878
Bauml-Thomas, Susan	66,132	Cole, Scott	57,477
Beckett, Craig	144,063	Colin, Ron	106,862
Behl, Monica	390,497	Colleaux, Dena	77,246
Belitski, Renee	99,637	Conklin, Sheldon	65,216
Belous, Janice	76,163	Cook, Darcy	76,058
Benoit, Rhonda	59,521	Coulter, Sheila	85,857
Bernauer, Sandra	54,534	Cranmer-Sargison, Gavin	98,684
Berzolla, Wayne	55,985	Cross, Deborah	50,133
Bichon, Carol	76,812	Dacey Dudey, Christine	50,340
Bjorndahl, Sterling	109,133	Dagnone, Mary	80,796
Blachford, Patti	59,514	Dahl, Melvin	76,043
Black, Megan	76,833	Danyluk, Patricia	95,354
Blackwell, Maitland	76,324	Davis, Karen	84,396
Blake, Wanda	81,696	Decker, Allison	57,819
Boehm, Debby	51,223	Derrick, Peter	80,744
Boehm, Darryl	86,583	Deschamps, Michelle	81,899
Bonham, Keith	110,986	Deters, Tim	82,943
Bonnell, Gabriel	57,918	Dewald, Carmen	77,004
Boyd, F.Mark	50,133	Dickof, Peter	138,804
Bradel, Theresa	79,739	Dockray, Leanne	62,793
Braun, Brenda	71,976	Doell, Heather	99,887
Brockman, Rhonda	69,862	Dolata, Wojciech	385,067

Payee Disclosure List

Dosenberger, Tania	69,862
Dubey, Arbind	305,038
Duchscher, Dana	82,423
Dwernychuk, Lynn	86,499
Dyczkowski, Theresa	73,160
Edmunds, Laurie	68,520
Edwards, Trent	81,922
Ekberg, Roberta	96,162
El-Agnaf, Moulod	375,382
El-Gayed, Ali	396,558
Ell, Carol	50,629
English, Azure	87,021
Englot, Tekla	73,305
Exner, Joann	62,449
Fay, April	81,143
Ferozdin, Sajjad	75,561
Fibich, Christian	337,796
Fiddler, Kerri	75,361
Filipchuk, Monica	70,532
Fisher, Michelle	100,345
Florizone, Jackie	76,670
Foord, Christel	52,299
Foote, Bertha	82,491
Forbes, Frances	94,372
Forreiter, Dorothy	50,853
Fox, Pauline	76,129
Frank, Tracy	76,423
Friesen, Kaethie	62,355
Galloway, Laurie	81,677
Gantefoer, Allison	70,207
Gardiner, Donald	362,231
Garratt, Kevin	97,414
Gartner, Helen	76,303
Gattinger, Bonnie	54,534
Gerein, Brenda	66,450
Gesy, Kathy	112,770
Gjevre, Karen	74,399
Glasman, Wilhelmenia	63,976
Glover, Frances	56,031
Good, Carlene	79,102
Gorecki, Lynn	57,504
Grindheim, Amber	51,023
Gronsdahl, Joy	75,194
Grubor, Sasa	65,229
Guedo, Ken	74,052
Gulka, Sandy	69,957
Gupta, Sangeeta	50,807
Haider, Kamal-Udd	467,424
Hala, Karen	52,669
Hancock, Jennifer	75,519
Hanlon, Lana	66,665
Haq, M. Mansoor	390,986
Hartz, Gayle	57,183
Hastings, James	69,559
Hautz, Jo-Anne	80,469
Hawryluk, Wanda	50,536
Heinrich, Arlene	77,410
Hnenny, Vera	89,279
Hodgins, Debra	64,871
Howell, Susan	77,624
Jackson, Rose	53,133
Jacques, Sarah	80,062
Jancewicz, Miroslav	420,285
Jensen, Georgina	76,484
Johnson, Mary	69,737
Jones, Michael	56,177
Jones, Andria	67,702
Judd, Alison	82,298
Kaban, Susan	56,066
Kaiser, Philip	68,462
Karpinen, Lisa	68,693
Kennedy, Donna	76,156
Khan, Yan	57,948
Kish, Donna	68,468
Kolbinson, Janice	93,229
Kondra, Erica	61,574
Koul, Rashmi	342,264
Kovacs, Cindy	53,430
Kowbel, Beverly	99,582
Kozie, Serena	57,700
Krakalovich, Helena	66,400
Kroeker, Dana	51,971
Kruger, Lana	82,227
Kulrich, Celia	75,895
Kundapur, Vijayananda	379,783
Kuyek, Sherry	75,657
Lacey, Kevin	130,084
Ladyka, Colin	76,270
Langston, Danielle	64,705
Lapointe, J.R. Claude	138,946
Lauridsen, Debbie	56,519
Layton, Barbara	66,401
Leik, Sheritee	92,472
Levesque, Sherri	50,017
Lewis, Margaret	92,472
Lewko, Jennifer	57,246
Lobzun, Kevin	80,910
Lochbaum, Roberta	86,213
Lowe, Fern	53,022
Lulik, Deborah	50,272
Luterbach, Sharon	57,297
Macdonald, Wanda	55,985

Payee Disclosure List

Macdonald, Colin	66,386
Macedward, Kathy	62,389
Maclennan, Iain	382,328
Magnusson, Courtney	70,150
Magosse, Matt	75,393
Mahmood, Shazia	357,939
Marchant, Kristin	92,134
Mazurkewich, Heather	72,389
Mcallister, Rae	203,058
Mcdougall, Cheryl	77,580
Mcgonigal, Raelene	57,875
Mckenzie, Jennifer	80,595
Mcleod, Joanne	188,833
Mcvicar, Laurie	69,860
Meeres, Sandra	86,235
Mensch, Jackie	88,685
Miller, Jenny	50,323
Milligan, Laurey	61,869
Mitchell, Janet	66,599
Mohamed, Mohamed	426,153
Morris, Joan	86,235
Moss, Andre	67,003
Mpofu, Christoph	390,202
Muz, Lori	75,690
Neubauer, Shannan	75,319
Nicinski, Dora	100,555
Nilson, Linda	182,982
Noble, Randy	62,791
Nomeland, Josh	69,322
Norman, Carla	70,763
Olesen, Natasha	75,618
Olfert, Ivan	139,987
Olson, Colleen	96,133
Onasanya, Adeniyi	77,151
O'neill, Darcie	67,456
Padbury, Reg	109,022
Paiva, Maria	67,826
Palmer, Leah	63,413
Patel, Nilesh	74,041
Patterson, Janet	83,132
Pearce, Laurie	55,718
Pederson, Lorna	90,093
Pelletier, Devon	79,483
Penley, Robert	74,145
Perry, Chantal	78,893
Phillips, Leah	89,823
Piercy, Bonnie	52,458
Pierlot, Joan	83,277
Pituley, Harriette	97,396
Pollock, Lenore	76,832
Popkin, David	408,000
Pryor, Rick	70,321
Rapp, Dorothy	99,637
Rathwell, Grant	62,812
Rayson, Sandra	204,777
Reichert, Brian	91,753
Reid, Amanda	70,686
Richard, Maeghan	73,603
Robb, Karen	65,109
Romanow, Eileen	55,988
Russell, Elaine	76,391
Sabry, Waleed	197,637
Sadikov, Evgeny	376,989
Salim, Muhammad	495,495
Sami, Amer	372,497
Sapieha, Shannon	50,292
Saxinger, Sheila	55,754
Schiltz, Colette	80,450
Schmidt, L. Marlene	64,655
Schmidt, Bruce	70,682
Schumann, Andrea	81,833
Schwarz, Christopher	93,094
Sebastian, Shauna	79,723
Segal, Liana	69,197
Senft, Beverley	77,060
Sharp, Warren	130,867
Sheridan, David	130,478
Shinkewski, Patty	57,489
Shuflita, Laureen	50,340
Sidhu, Narinder	160,481
Sigurdson, Joanne	56,980
Sirdar, John	78,274
Smith, Lauralee	76,839
Sollid, David	90,514
Spitzig, Lynne	71,379
Steinson, Sharon	61,667
Strautman, Cheryl	75,257
Street, Jaeme	68,529
Stroeder, Ruth	72,638
Stroshein, Irene	50,107
Stuart, Heather	92,520
Stuckel, Renee	70,330
Svensrud, Leona	66,273
Sweet, Rhonda	80,693
Taggart, Carissa	79,725
Tai, Patricia	393,167
Taylor, Yvonne	60,047
Templeton, Wendie	60,122
Ternes, Shyanne	72,977
Tetler, Miriam	73,377
Thain, Caroll	99,887
Thiesson, C. Scot	71,598

Payee Disclosure List

Thompson, Cheryle	79,745
Thurber, Colleen	56,482
Tinline, Paula	75,231
Tompkins, Sandra	52,458
Tonita, Jon	129,970
Toon, Brenda	75,764
Trach, Celestee	79,978
Tralnberg, Sandra	53,673
Tremblay, Colleen	51,449
Treppel, Diane	74,518
Turley, Dominic	77,325
Usher, Barbara	70,401
Vachhrajani, Haresh	373,570
Vandenameele, Angela	51,888
Van-Gemeren, Jacqueline	80,527
Virgin, Stacey	71,875
Vogel, Erika	64,210
Voralia, Michael	265,774
Wacker, Steven	93,189
Waldbauer, Alison	71,820
Walker, Vivian	138,358
Wall, Alana	50,267
Ward, Kathy	50,500
Warren, Joyce	89,518
Wasylenchuk, Gladys	91,188
Watson, Pauline	56,063
Weber, Lorenz	62,791
Weir, Linda	86,499
Wenaus, Cori	73,859
Wendel, Jeana	54,562
Westad, Anne	77,647
White, Adrian	74,082
Whiting, Cheryl	92,472
Whittle, Alison	80,774
Wiest, Roberta	86,235
Wilde, Brenda	85,831
Wilson, Karla	73,887
Woitas, Carla	50,340
Wood, Valerie	85,683
Wright, Philip	190,869
Xiang, Jim	128,627
Yadav, Sunil	363,985
Yarotski, Barbara	53,183
Zaba, Donna	68,196
Zahayko, Michelle	52,458
Zarkovic, Mirjana	376,750
Zatylny, Paula	52,458
Zerr, Cheryl	53,546
Zhu, Tong	69,403
Ziegler, William	138,946

Payee Disclosure List

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2010

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment.

Abbott Laboratories	$ 2,243,483
Ad Vendors International	84,612
Allied Printers & Promotions	152,432
Applied Biosystems	74,318
Aslam, Dr. Muhammed	65,829
Associated Radiologists of Saskatoon	234,581
Baxter Corporation	426,167
Bayer Incorporated	154,840
Braid Flooring	57,592
Bristol-Myers Squibb Canada	275,124
BTS Group	183,305
Business Furnishings (Sask)	113,354
Canadian Medical Protective Association	63,045
Canadian Pharmaceutical Distribution Network	21,696,752
CancerCare Manitoba	80,100
Can-Med Healthcare	77,136
Card, Dr. Robert T.	54,399
Carmel Pharma	414,442
Celgene Corporation	587,370
Central Mechanical Limited	99,217
College of Physicians & Surgeons of Saskatchewan	56,235
CSP Medical	64,600
Cypress Regional Health Authority	52,356
Deloitte & Touche LLP	445,472
Derby Holdings Limited	63,564
Diners Club International	113,598
Dr. David Sheridan, Medical Services Professional Corporation	123,143
Ebsco Canada Limited	58,167
Enzon Incorporated	98,545
EUSA Pharma Incorporated	124,135
GE Healthcare Canada	1,560,986
Genzyme Canada Inc.	200,917
Hall Consulting Services	130,620
HBI Brennan Business Interiors Incorporated	177,719
Healthmark Limited	82,758
Hoffman-La Roche Limited	349,376
Hospira Healthcare Corporation	224,866
Human Resources Services Limited	56,679
Innovation Place	231,629
MacPherson, Leslie & Tyerman	77,672
Marsh Canada Limited	115,882
McKesson Canada	3,718,592
McKesson Distribution Partners	3,629,572
MDS Analytical Technologies	69,686
Medical Doctor Associates	241,103
NewWest Enterprise Property Group	94,004
Niesner Properties Incorporated	94,118
Novartis Pharmaceuticals Canada	4,144,477
Nucletron Corporation	189,449
Prince Albert Parkland Regional Health Authority	71,984
Provincial Health Services Authority	54,837
Radiology Associates of Regina	489,960
Regina Qu'Appelle Regional Health Authority	2,475,626
Royal Bank VISA	175,174
Saskatchewan Association of Healthcare Organizations	159,918
Saskatchewan Property Management	387,781
Saskatchewan Telecommunications	151,153
Saskatoon Regional Health Authority	3,155,029
Schaan Healthcare Products	96,713
Siemens Canada Limited	745,536
Smiths Industries Medical Systems	50,132
South Pasqua Development	175,236
Sunrise Regional Health Authority	93,494
University of Saskatchewan	351,255
Varian Medical Systems	666,095
Wells & Wells Interior Design	356,452
West Wind Aviation	67,980
Xerox Canada Limited	110,230
Zaidi, Dr. Adnan	83,404

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Minister of Finance	$ 227,175
Public Employees Disability Income Fund - employer's share	103,876
Public Employees Pension Plan - employer's share	2,452,609
Receiver General for Canada :	
- Canada Pension Plan - employer's share	1,106,033
- Employment Insurance - employer's share	494,528
SAHO - Core Dental Plan	335,867
SAHO - Extended Health Care Plans	260,202
SAHO - In-Scope Health & Dental	722,198
Saskatchewan Healthcare Employee's Pension Plan - employer's share	156,789
Workers' Compensation Board	383,798

Management Report

The accompanying financial statements are the responsibility of management and have been approved in principle by the Agency's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgments. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor of Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor of Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,

Scott Livingstone
Chief Executive Officer

Kevin Lacey, CA
Vice President, Corporate Services

June 7, 2010

Auditor's Report

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Saskatchewan Cancer Agency as at March 31, 2010 and the statements of operations and changes in fund balances, and cash flows for the year then ended. The Agency's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Agency as at March 31, 2010 and the results of its operations and changes in fund balances, and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
June 4, 2010

Brian Atkinson, FCA
Acting Provincial Auditor

Statement 1

SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Research Fund	Restricted Funds: Trust Fund	Total 2010	Total 2009 (Note 13)
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	$ 2,788,244	$ 5,791,496	$ 490,314	$ 1,765,684	$ 10,835,738	$ 8,789,073
Accounts receivable:						
- Other	861,774	16,625	14	22,601	901,014	1,318,276
Inventory	3,137,318	—	—	—	3,137,318	3,050,522
Prepaid expenses	354,149	—	—	15,275	369,424	521,772
Due (to) from other funds	645,581	(395,637)	(66,176)	(183,768)	—	—
	7,787,066	5,412,484	424,152	1,619,792	15,243,494	13,679,643
Investments (Schedule 1)	5,198,300	1,738,202	—	1,544,842	8,481,344	8,906,425
Capital assets (Note 4)	—	25,709,724	—	—	25,709,724	26,292,008
Total Assets	$ 12,985,366	$ 32,860,410	$ 424,152	$ 3,164,634	$ 49,434,562	$ 48,878,076
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	$ 4,979,572	$ 317,131	$ 3,658	$ 23,429	$ 5,323,790	$ 4,032,250
Accrued salaries	2,389,231	—	—	—	2,389,231	1,967,334
Vacation payable	1,467,295	—	1,250	830	1,469,375	1,537,590
Deferred revenue (Note 7)	1,743,278	—	—	—	1,743,278	2,576,134
	10,579,376	317,131	4,908	24,259	10,925,674	10,113,308
Fund Balances						
Invested in capital assets	—	25,709,724	—	—	25,709,724	26,292,008
Externally restricted (Schedule 2)	—	5,980,707	419,244	2,509,024	8,908,975	5,928,851
Internally restricted (Schedule 3)	2,405,990	852,848	—	631,351	3,890,189	6,543,909
Fund balances	2,405,990	32,543,279	419,244	3,140,375	38,508,888	38,764,768
Total Liabilities & Fund Balance	$ 12,985,366	$ 32,860,410	$ 424,152	$ 3,164,634	$ 49,434,562	$ 48,878,076

(The accompanying notes and schedules are part of these financial statements.)

Statement 2

SASKATCHEWAN CANCER AGENCY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2010	Total 2009 (Note 13)	Capital Fund 2010	Research Fund 2010	Trust Fund 2010	Total 2010	Total 2009 (Note 13)
REVENUES							
Ministry of Health – General Revenue Fund	$ 100,518,557	$ 91,387,361	$ 4,152,507	$ ---	$ ---	$ 4,152,507	$ 5,125,000
Grants	502,029	637,006	---	---	---	---	---
Donations and bequests	---	---	---	---	1,450,578	1,450,578	1,369,487
Investment income	234,355	377,671	85,709	1,807	76,759	164,275	237,802
Unrealized gain (loss) – Financial instruments	84,040	75,062	(391)	---	(4,651)	(5,042)	644
Other revenues	1,557,634	1,409,623	---	---	---	---	3,387
	102,896,615	93,886,723	4,237,825	1,807	1,522,686	5,762,318	6,736,320
EXPENSES							
Salaries and employee benefits	54,633,948	49,380,153	---	---	150,619	150,619	112,655
Drugs and medical supplies	38,350,071	33,604,861	---	---	---	---	---
Purchased services	1,930,007	1,885,721	---	---	---	---	---
Other expenses	8,578,585	8,050,582	---	---	327,308	327,308	343,698
Research grants (Schedule 4)	---	---	---	335,417	---	335,417	425,535
Amortization	---	---	4,621,599	---	---	4,621,599	5,156,319
Loss/(gain) on disposal of capital assets	---	---	(12,741)	---	---	(12,741)	5,162
	103,492,611	92,921,317	4,608,858	335,417	477,927	5,422,202	6,043,369
Excess (deficiency) of revenues over expenses	(595,996)	965,406	(371,033)	(333,610)	1,044,759	340,116	692,951
Fund balances, beginning of year	3,121,745	3,488,421	32,210,352	728,564	2,704,107	35,643,023	33,617,990
Interfund transfers (Note 8)	(119,759)	(1,332,082)	703,960	24,290	(608,491)	119,759	1,332,082
Fund balances, end of year	$ 2,405,990	$ 3,121,745	$ 32,543,279	$ 419,244	$ 3,140,375	$ 36,102,898	$ 35,643,023

(The accompanying notes and schedules are part of these financial statements.)

Statement 3

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	2010	2009	Capital Fund	Research Fund	Trust Fund	Total 2010	Total 2009
Cash provided by (used in):	**Operating Activities**		**Financing and Investing Activities**				
Excess (deficiency) of revenues over expenses	$ (595,996)	$ 965,406	$ (371,033)	$ (333,610)	$ 1,044,759	$ 340,116	$ 692,951
Net change in non-cash working capital (Note 3)	15,429	(1,170,433)	1,528,865	(10,486)	(238,628)	1,279,751	(1,712,433)
Amortization of capital assets	—	—	4,621,599	—	—	4,621,599	5,156,319
Loss/(gain) on disposal of capital assets	—	—	(12,741)	—	—	(12,741)	5,162
	(580,567)	(205,027)	5,766,690	(344,096)	806,131	6,228,725	4,141,999
Purchase of capital assets							
Buildings/construction	—	—	(1,242,250)	—	—	(1,242,250)	(1,623,529)
Equipment	—	—	(2,808,095)	—	—	(2,808,095)	(5,620,628)
Proceeds on disposal of capital assets							
Equipment	—	—	23,771	—	—	23,771	—
	—	—	(4,026,574)	—	—	(4,026,574)	(7,244,157)
Net acquisition of investments	432,989	(23,512)	(14,524)	—	6,616	(7,908)	(1,493,096)
Net increase (decrease) in cash and short-term investments during the year	(147,578)	(228,539)	1,725,592	(344,096)	812,747	2,194,243	(4,595,254)
Cash and short-term investments, beginning of year	3,055,581	4,616,202	3,361,944	810,120	1,561,428	5,733,492	8,996,664
Interfund transfers (Note 8)	(119,759)	(1,332,082)	703,960	24,290	(608,491)	119,759	1,332,082
Cash and short-term investments, end of year	$ 2,788,244	$ 3,055,581	$ 5,791,496	$ 490,314	$ 1,765,684	$ 8,047,494	$ 5,733,492
Amounts in cash balances							
Cash and short-term investments	$ 2,788,244	$ 3,055,581	$ 5,791,496	$ 490,314	$ 1,765,684	$ 8,047,494	$ 5,733,492

(The accompanying notes and schedules are part of these financial statements.)

SASKATCHEWAN CANCER AGENCY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

1. Legislative Authority

The Saskatchewan Cancer Foundation commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. Effective January 2, 2007, it continued as a corporation under the name of the Saskatchewan Cancer Agency (Agency), pursuant to *The Cancer Agency Act*. The Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with regional health authorities and healthcare organizations.

The Agency is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

Pursuant to standards established by the Public Sector Accounting Board, the Agency is classified as a government not-for-profit organization. These financial statements have been prepared in accordance with Canadian generally accepted accounting principles applicable to not-for-profit entities and include the following significant policies:

a) Fund Accounting

The accounts of the Agency are maintained in accordance with the restricted fund method of accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Agency including contributions from the Ministry of Health – General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Agency in capital assets. The Capital Fund includes contributions from the Ministry of Health - General Revenue Fund designated for construction of capital projects and the acquisition of capital equipment. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that supports the awarding of cancer research grants. The research fund includes contributions from research donations transferred from the Trust Fund and investment income of the Research Fund.

iv) Trust Fund

The Trust Fund is a restricted fund that accepts donations and contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Investments are valued at fair value.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined on the average cost method.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold improvements	3 - 20 years
Equipment and furniture	4 - 15 years

Donated capital assets are recorded at their fair value at the date of contribution.

f) Asset Retirement Obligations

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

g) Pension

Employees of the Agency participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Agency follows defined contribution plan accounting for its participation in the plan. Accordingly, the Agency expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

i) Financial Instruments

The Agency has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the Agency's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.

As at March 31, 2010 (2009 – none), the Agency does not have any outstanding contracts or financial instruments with embedded derivatives.

The Agency is exposed to financial risks as a result of financial instruments. The Agency has policies and procedures in place to mitigate the associated risks (see Note 11). The risks the Agency is exposed to are:

i) Price risks which include:
   - Currency risk - affected by changes in foreign exchange rates.
   - Interest rate risk - affected by changes in market interest rates.
   - Market risk - affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii) Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii) Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result in an inability to sell a financial asset quickly at close to its fair value.

iv) Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2010	2009	Capital Fund	Research Fund	Trust Fund	Total 2010	Total 2009
(Increase) decrease in accounts receivable	$ 411,875	$ (414,111)	$ 2,762	$ (14)	$ 2,639	$ 5,387	$ 3,676
(Increase) in inventory	(86,796)	(409,379)	-	-	-	-	-
(Increase) decrease in prepaid expenses	167,095	(297,808)	-	-	(14,747)	(14,747)	(528)
(Increase) decrease in due (to) from other funds	(1,405,629)	315,796	1,624,500	(132)	(218,739)	1,405,629	(315,796)
Increase (decrease) in accounts payable	1,408,014	(816,653)	(98,397)	(9,466)	(8,611)	(116,474)	(1,401,855)
Increase in accrued salaries	421,897	812,763	-	-	-	-	-
Increase (decrease) in vacation payable	(68,171)	334,247	-	(874)	830	(44)	2,070
Increase (decrease) in deferred revenue	(832,856)	(695,288)	-	-	-	-	-
	$ 15,429	$ (1,170,433)	$ 1,528,865	$ (10,486)	$ (238,628)	$ 1,279,751	$ (1,712,433)

4. Capital Assets

	March 31, 2010			March 31, 2009
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	$ 280,297	$ —	$ 280,297	$ 280,297
Buildings	20,042,939	18,550,396	1,492,543	1,549,238
Leasehold Improvements	15,539,733	8,316,956	7,222,777	6,910,778
Equipment and Furniture	43,082,614	26,368,507	16,714,107	17,551,695
	$ 78,945,583	$ 53,235,859	$ 25,709,724	$ 26,292,008

5. Commitments

a) Capital Assets Acquisitions

At March 31, 2010, commitments for acquisition of capital assets are $773,033 (2009 - $2,371,431).

b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2011	$ 695,425
2012	642,469
2013	519,488
2014	116,124
2015	101,777

c) Asset Retirement Obligations

The Agency does not have any significant liability for asset retirement obligations. Asset retirement costs are associated with the removal of radiation sources from the Cancer Centres. As these costs are not significant, they will be expensed in the period in which they are incurred.

d) Contracted Health Services Operators

The Agency continues to contract on an ongoing basis with the Regional Health Authorities to provide some services such as lab tests, diagnostic radiology and housekeeping and maintenance services for the Agency. The Agency contracted services in the year ended March 31, 2010 amounting to $5,941,613 (2009 - $7,246,226).

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, previously donated two cancer patient lodges in the Province to the Agency. Under the terms of an agreement with the Society, the Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Agency so long as they are operated as cancer patient lodges. If the Agency ceases to use the buildings as patient lodges, title of those buildings will be transferred to the Society without charge.

7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	$ 26,144	$ (5,753)	$ 4,730	$ 25,121
- Professional development initiatives	42,685	(47,170)	27,768	23,283
- Quality workplace initiatives	60,985	(4,817)	66,177	122,345
- Colorectal screening initiatives	916,571	(802,299)	---	114,272
- First Nation & Métis cancer initiatives	10,000	(10,000)	---	---
- Nurse safety training initiatives	19,006	(12,086)	---	6,920
- Drug & wait time initiatives	297,147	(297,147)	---	---
- Drug funding	1,201,653	---	3,179	1,204,832
-Infection control	---	---	20,000	20,000
Total Ministry of Health Initiatives	2,574,191	(1,179,272)	121,854	1,516,773
Non-Ministry of Health Initiatives				
Other revenue received in advance	1,943	(63,991)	288,553	226,505
Total Non-Ministry of Health Initiatives	1,943	(63,991)	288,553	226,505
Total Deferred Revenue	$ 2,576,134	$ (1,243,263)	$ 410,407	$ 1,743,278

8. Interfund Transfers

Each year the Agency transfers amounts between its funds for various purposes. These include funding current and future capital asset purchases, research grants, and reassigning fund balances to support certain activities.

	2010			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (119,759)	$ 703,960	$ (7,704)	$ (576,497)
Research grants	---	---	31,994	(31,994)
Total	$ (119,759)	$ 703,960	$ 24,290	$ (608,491)

	2009			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (932,082)	$ 1,632,335	$ ---	$ (700,253)
Research grants	(400,000)	---	667,593	(267,593)
Total	$ (1,332,082)	$ 1,632,335	$ 667,593	$ (967,846)

9. Pension Plan

Employees of the Agency participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in benefits in Schedule 5.

			2010			2009
	SHEPP	PSSP	PEPP	Other	Total	Total
Number of active members	30	0	542	0	572	525
Member contribution rate, percentage of salary	6.6% - 9%	0	7.00%	0		
SCA contribution rate, percentage of salary	7.4% - 10.08%	0	7.00%	0		
Member contributions (thousands of dollars)	140	0	2,423	0	2,563	2,300
SCA contributions (thousands of dollars)	157	0	2,452	0	2,609	2,221

10. Related Party Transactions

These financial statements include transactions with related parties. The Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties.

Other routine operating transactions with related parties are recorded at agreed upon rates charged by those organizations and are settled on normal trade terms.

	2010	2009
Expenses		
Regina Qu'Appelle Regional Health Authority	$ 2,475,626	$ 3,240,270
Saskatoon Regional Health Authority	3,155,029	3,669,775
Public Employees' Pension Plan	2,452,609	2,174,689
Other related parties	3,668,033	3,430,823
Total related party expenses	$ 11,751,297	$ 12,515,557

	2010	2009
Prepaid Expenses		
Other related parties	$ 120,011	$ 270,747
Total related party prepaid expenses	$ 120,011	$ 270,747
Accounts Payable		
Regina Qu'Appelle Regional Health Authority	$ 181,076	$ 392,935
Saskatoon Regional Health Authority	823,486	677,739
Other related parties	641,645	761,325
Total related party payable	$ 1,646,207	$ 1,831,999

In addition, the Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Agency is situated on land owned by the University of Saskatchewan. The Agency is not charged for the use of this land.

11. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

b) Interest Rate Risk

The Agency is exposed to the following interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates:

- The interest rate risk for the Agency's receivables and payables is minimal because they are non-interest bearing and of a short-term nature.
- As market interest rates fluctuate, the market value of long-term investments moves in the opposite direction. This risk will affect the selling price of investments if they are sold prior to maturity. Due to the size and nature of the Agency's investment portfolio and its future cash flow needs, the Agency is able to manage the timing of investment disposals in a manner that minimizes the interest rate risk.

c) Credit Risk

The Agency is exposed to credit risk from potential non-payment of accounts receivable or investment income and principle. The credit risk for the Agency's receivables is minimal because they are mostly from the Ministry of Health – General Revenue Fund, other government organizations or suppliers with which the Agency has ongoing contractual relations. The credit risk for the Agency's investments and related accrued interest receivable is minimal because investments consist of corporate bonds and provincial government bonds and debentures.

d) Fair Value of Financial Instruments

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 1, determined using quoted market prices.

12. Budget

Schedule 5 compares actual results to the 2009-10 budget plan approved by the Agency's Board of Directors on June 25, 2009.

13. Comparative Information

Certain 2008-09 balances have been reclassified to conform to current year's presentation.

Schedule 1

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INVESTMENTS
As at March 31, 2010

	Fair Value	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 8,047,494	---	0.25%	---
Long-term investments:				
Province of Saskatchewan Savings Bond	545,546	12/03/12	5.21%	5.25%
Province of New Brunswick Bond	213,969	02/25/13	4.89%	5.50%
Bank of Nova Scotia GIC	253,485	10/23/14	3.20%	3.20%
Manulife GIC	253,539	10/23/14	3.25%	3.25%
Province of Manitoba Bond	999,462	12/03/14	3.19%	4.80%
Province of Manitoba Bond	492,272	12/03/14	3.19%	4.80%
Province of Ontario Bond	524,771	03/08/16	3.78%	4.40%
	3,283,044			
Total restricted investments	$ 11,330,538			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 2,788,244	---	0.25%	---
Long-term investments:				
GE Capital Canada Fund Strip Bond	464,590	07/24/12	5.00%	5.00%
Royal Bank of Canada Bond	525,350	06/05/14	4.59%	4.97%
Royal Bank of Canada Bond	504,749	06/05/14	3.08%	4.97%
Province of Ontario Bond	529,393	03/08/15	3.55%	4.50%
Province of New Brunswick Bond	1,057,341	12/03/15	4.42%	4.30%
Province of Saskatchewan Savings Bond	2,116,877	08/23/16	4.42%	4.50%
	5,198,300			
Total unrestricted investments	$ 7,986,544			
Restricted & Unrestricted Totals				
Total cash and short-term investments	$ 10,835,738			
Total long-term investments	8,481,344			
Total Investments	$ 19,317,082			

Schedule 2

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2010

Restriction	Balance Beginning of Year (Note 13)	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Capital acquisitions	$ 3,057,493	$ 4,152,507	$ (1,213,251)	$ (16,042)	$ 5,980,707
Research contributions	728,564	1,807	(335,417)	24,290	419,244
Trust Fund donations	2,142,794	1,054,905	(222,187)	(466,488)	2,509,024
Total	$ 5,928,851	$ 5,209,219	$ (1,770,855)	$ (458,240)	$ 8,908,975

Schedule 3

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2010

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Contingency Reserve[1]	$ 3,121,745	$ ---	$ ---	$ (715,755)	$ 2,405,990
CMS Reserve [2]	509,256	---	(106,782)	---	402,474
Capital acquisitions	2,351,595	---	(1,804,043)	(97,178)	450,374
Trust Fund donations	561,313	467,781	(255,740)	(142,003)	631,351
Total	$ 6,543,909	$ 467,781	$ (2,166,565)	$ (954,936)	$ 3,890,189

(1) The operating fund balance is considered part of the contingency reserve as it supports the working capital position of the Agency.

(2) The Agency is implementing a multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative.

Schedule 4

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2010

	2010	2009
Role of Ankyrin3 in Receptor Mediated Endocytosis, Saskatoon	$ 100,002	$ 98,154
Collimated Radiation Therapy with Radiopotentation and 3-Dimension Mapping of Human Glioblastoma Multiforme Brain Tumor Xenographts, Saskatoon	70,200	-
Correlation of Synchrotron Fourier Transform Infrared Spectroscopy, MRI Spectroscopy and N-Myristoyltransfererase Expression as Functional Biodiagnostic Indicators in Glioblastoma Multiforme, Saskatoon	64,730	85,779
Alterations in Receptor Tyrosine Kinase Trafficking to Promote Receptor Degradation and Reduce Cancer Cell Division, Saskatoon	39,750	-
Role of MS-1 Expression in Tumor Metastasis, Saskatoon	29,813	39,750
Characterization of MS-1 and its Role in Breast Cancer Metastasis, Saskatoon	14,280	85,138
Prophylactic Cranial Irradiation in Limited Stage Small Cell Lung Cancer, Regina	12,893	-
Role of Nodal Ratio in Breast Cancer Management, Regina	5,598	22,365
Prognostic Impact of Timing of Adjuvant Chemo-radiation Therapy in Resectable Gastric and Gastro-esophageal (GE) Junction Tumors, Saskatoon	5,855	-
HER-2/neu-specific exosome-targeted CD4+ T Cell Vaccine of Breast Cancer, Saskatoon	-	94,349
Total Grants	$ 343,121	$ 425,535
Breakdown		
Operating expense	$ 335,417	$ 425,535
Capital expenditures	7,704	-
	$ 343,121	$ 425,535

Schedule 5

SASKATCHEWAN CANCER AGENCY
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2010

	Operating Fund	
	Actual	Budget (Note 12)
REVENUES		
Ministry of Health - General Revenue Fund	$ 100,518,557	$ 102,372,056
Grants	502,029	799,155
Investment income	234,355	150,000
Unrealized gain (loss) - Financial instruments	84,040	—
Other revenues	1,557,634	1,579,620
	102,896,615	104,900,831
EXPENSES		
Salaries and employee benefits	54,633,948	54,117,279
Drugs and medical supplies	38,350,071	39,970,897
Purchased services	1,930,007	1,959,629
Other expenses	8,578,585	8,853,026
	103,492,611	104,900,831
(Deficiency) of revenues over expenses	(595,996)	—
Interfund transfers (Note 8)	(119,759)	(459,744)
Net (decrease) in fund balances	$ (715,755)	$ (459,744)

	Restricted Funds					
	Capital Fund		Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES						
Ministry of Health - General Revenue Fund	$ 4,152,507	$ —	$ —	$ —	$ —	$ —
Donations and bequests	—	—	—	—	1,450,578	1,282,995
Investment income	85,318	120,000	1,807	12,000	72,108	124,031
Other revenue	—	—	—	—	—	—
	4,237,825	120,000	1,807	12,000	1,522,686	1,407,026
EXPENSES						
Salaries and employee benefits	—	—	—	—	150,619	229,014
Other expenses	—	—	—	—	327,308	422,078
Research grants (Schedule 4)	—	—	335,417	370,196	—	—
Depreciation	4,621,599	5,300,000	—	—	—	—
Loss/(gain) on disposal of capital assets	(12,741)	—	—	—	—	—
	4,608,858	5,300,000	335,417	370,196	477,927	651,092
Excess (deficiency) of revenues over expenses	(371,033)	(5,180,000)	(333,610)	(358,196)	1,044,759	755,934
Interfund transfers (Note 8)	703,960	968,731	24,290	41,931	(608,491)	(514,031)
Net increase (decrease) in fund balances	$ 332,927	$ (4,211,269)	$ (309,320)	$ (316,265)	$ 436,268	$ 241,903

Schedule 6

SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2010

	2010							2009
Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total [1]	Total
Board Chair:								
McMillan, Dr. Stewart [2]	$ 22,935	$ 20,250	$ 538	$ 6,319	$ -	$ -	$ 50,042	$ -
Schubert, Jon [3]	-	-	-	-	-	-	-	8,018
Board Members:								
Caron, Dennis [5]	-	600	125	449	-	-	1,174	5,785
Finnie, Doug	-	4,438	1,025	3,066	-	-	8,529	13,049
Frison, Mark [5]	-	-	-	-	-	-	-	3,268
Joyce, Gordon	-	1,700	375	1,412	-	-	3,487	3,288
Kennedy, Laura	-	1,200	-	1,619	-	-	2,819	2,816
McMillan, Dr. Stewart [2]	-	-	-	-	-	-	-	2,569
Pearson, Wayne [5]	-	-	-	-	-	-	-	8,575
Rebeyka, Carolyn [5]	-	-	-	-	-	-	-	1,630
Solomon-Schofield, Vaughn [4]	-	1,913	388	631	-	-	2,932	-
Somani, Moyez [6]	-	650	38	270	-	-	958	1,360
Streelasky, Dr. Walter	-	1,538	794	1,382	-	-	3,714	5,114
Waschuk, Ronald [4]	-	5,575	3,942	9,193	-	-	18,710	-
Total	$ 22,935	$ 37,864	$ 7,225	$ 24,341	$ -	$ -	$ 92,365	$ 55,472

(1) Board Member remuneration will fluctuate from member to member based on the number of meetings and conferences that they attend. The level of remuneration per member will also be affected by the location of these events, as members are resident in various areas throughout the province.

(2) Chairperson appointed effective April 29, 2009

(3) Chairperson resigned effective October 9, 2008

(4) New Board Members appointed effective April 29, 2009

(5) Board Members term ended effective April 29, 2009

(6) Board Member term ended effective January 2, 2010

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES, AND SEVERANCE
For the Year Ended March 31, 2010

	2010					2009		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits, and Allowances [1,2]	Severance	Total
Dora Nicinski, Interim Chief Executive Officer [3]	$ 106,045	$ 12,422	$ 118,467	$ -	$ 118,467	$ -	$ -	$ -
Robert Allen, Chief Executive Officer [4]	176,044	1,778	177,822	289,714	467,536	179,172	-	179,172
Dr. David Popkin, Vice-President, Care Services - Clinical	408,000	-	408,000	-	408,000	408,000	-	408,000
Dr. Svein Carlsen, Vice-President, Research	142,890	-	142,890	-	142,890	138,980	-	138,980
Ivan Offert, Vice-President, Care Services - Operations	139,987	-	139,987	-	139,987	135,908	-	135,908
Kevin Lacey, Vice-President, Corporate Services [5]	130,084	-	130,084	-	130,084	86,942	-	86,942
Dr. Jon Tonita, Vice-President, Population Health	129,970	-	129,970	-	129,970	119,527	-	119,527
Ron Colin, Vice-President, Quality & Performance Management [6]	79,386	-	79,386	35,924	115,310	105,381	-	105,381
Bill Morton, Vice-President, Corporate Services [7]	-	-	-	-	-	42,170	-	42,170
Total	$ 1,312,406	$ 14,200	$ 1,326,606	$ 325,638	$ 1,652,244	$ 1,216,080	$ -	$ 1,216,080

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments, and any other direct cash remuneration

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell phone, computer, etc., as well as any other taxable benefits

(3) Dora Nicinski hired as Interim Chief Executive Officer on September 8, 2009

(4) Robert Allen left the Agency September 8, 2009

(5) Kevin Lacey appointed as Vice-President, Corporate Services on July 14, 2008

(6) Ron Colin left the Agency October 22, 2009

(7) Bill Morton retired June 30, 2008

Contact Information

Saskatchewan Cancer Agency Contact Numbers:

Allan Blair Cancer Centre (Regina): 306-766-2213

Regina Cancer Patient Lodge: 306-359-3166

Saskatoon Cancer Centre: 306-655-2662

Saskatoon Cancer Patient Lodge: 306-242-4852

Early Detection: toll-free in Saskatchewan 1-800-667-0017

Quality of Care Coordinator (client representative): toll-free in Canada 1-866-577-6489

Visit our website: www.saskcancer.ca

Saskatchewan Cancer Agency
#204-3775 Pasqua Street
Regina, Saskatchewan S4S 6W8
306-585-1831
www.saskcancer.ca